

100-0000009  
BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3			8			
4			8			
5		4				
6			1			
7				1		
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TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.	←	←	↓	←	←	←
TOTAL CLAIMS			5			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.	←	←	↓	←	←	←
TOTAL CLAIMS			5			